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Richard P. Berg c/o LADAS & PAI Suite 2100 5670 Wilshire Bou	RRY			Ce I hereby certify that t States Postal Service addressed to the Ma transmitted to the USI	rtificate of Mailing or Tran his Fee(s) Transmittal is beir with sufficient postage for fi il Stop ISSUE FEE address PTO 103) 746-4000, on the	smission
Los Angeles, CA 90036-5679 05/12/2005 WABDELR3 00000096 10663177				Reagan Davis (Depositor's name)		
01 FC:1501 1400.00 DP 02 FC:1504 300.00 DP				May 9, 20	7 55	(Signature)
APPLICATION NO.	FILING DATE		FIRST NAMED INVE	NTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/663,177 TITLE OF INVENTION: SI	09/15/2003 INGLE-POLY EPROM AN	D METHOD FOR	Chih-Wei Hung		B-5006DIV 621130-8	2831
APPLN, TYPE	SMALL ENTITY	ISSUE F	EE P	UBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	МО	\$1400)	\$300	\$1700	05/11/2005
EXAMINER		ART UNIT		LASS-SUBCLASS]	
LEWIS, MONICA		2822		257-315000		
 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 			2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
(A) NAME OF ASSIGNE	an assignee is identified be 37 CFR 3.11. Completion of	low, no assignee of this form is NO	data will appear on to a substitute for filing RESIDENCE: (CIT	the patent. If an assign g an assignment. 'Y and STATE OR CO	use is identified below, the duntry) aiwan R.O.C.	locument has been filed for
4a. The following fee(s) are on the lassue Fee Dissue Fee Disputible Publication Fee (No single Advance Order - # of	mall entity discount pennitte Copies	4b	printed on the patent): Individual Corporation or other private group entity Government 4b. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 12-0415 (enclose an extra copy of this form).			
5. Change in Entity Status (a. Applicant claims SM	(from status indicated above) MALL ENTITY status. See 3		☐ b. Applicant is no	o longer claiming SMA	LL ENTITY status. See 37 C	FR 1.27(g)(2).
					y paid issue fee to the applica stered attorney or agent; or th	
Authorized Signature			Date <u>May 9, 2005</u>			
Typed or printed name Robert Popa			Registration No. 43,010			
Alexandria, Vilginia 22313-1	1430.				the public which is to file (and minutes to complete, including mments on the amount of the Trademark Office, U.S. Dep. S. SEND TO: Commissioner displays a valid OMB control	